

## Welcome

## "Building the foundations for a Digital Strategy"

St James's Hospital







## **On-going Projects**



### Haemophilia T&T



### **eProcurement**



### **Electronic Patient Record**





**SJH Healthcare Campus** 

### **Scan4Surgery**



## Automatic tracking (RFID)



### Others...









| 17.45 | Registration   |
|-------|--|
| 18.00 | Welcome and opening address<br>Lorcan Birthistle, Vice President, HMI and CEO, St. James's Hospital  |
| 18.10 | "Overview (project Oak and key hospital initiatives enabled by standards)" Grainne Courtney  |
| 18.20 | "Scan for surgery and patient level costing" Mary O'Brien, Assistant Director of Nursing & John Cotter (TBC), Director of Finance                            |
| 18.30 | "Surgical Instrument track and trace from HSSU to the patient in theatre" Andrew Smith, HSSU (Sterile Services) Manager                                      |
| 18.40 | "Safe treatment of Haemophilia patients using GS1 standards" Feargal McGroarty, National Haemophilia System Project Manager                                  |
| 18.50 | "Improving patient safety by automatic tracking of precious samples from theatre to laboratory"<br>Dr Una Geary, Director for Quality and Safety Improvement |
| 19.00 | Q&A and close of meeting<br>Lorcan Birthistle, Vice President, HMI and CEO, St. James's Hospital   |





-



## Project Oak

HMI

11/03/2019

















2006

- Went live with Cerner Order Communications for laboratory & radiology.
- In house development of Ad hoc PowerForms for Out-Patient Depts.

2011

 GUIDe Outpatient clinic (Sexual Health, HIV and ID ambulatory care area) fully electronic for physician & nursing documentation & EPMA

2015 –

2018

- Project Oak established to design, build & implement an electronic patient record for inpatient nursing & physician documentation and inpatient EPMA
- October 2018 'Go Live'







- Safer Better Care
- Release time to care
- By
- Improving processes
- Standardising Care
- Implementing Decision support











### What is Included?

- Physician records for in-patients
- All Nursing end of bed notes and admission assessments (including vital signs, fluid balance)
- E-prescribing and Meds administration

### What is not Included?

- Residential Care areas
- Out-patients
- Theatre/IR/Endoscopy
- ED (in-patient prescribing for admissions)
- Consent
- Pre-procedure and pre-op checklists
- Chemotherapy Prescribing
- Insulin prescription
- Patient Contract
- Nursing Care plans (with exception of 6 on system)





## The Project Team









## Change and Transformation Activities

- Standardisation of drug rounds
- Building relationships with all clinical staff
- Complex medication workshops
  - Antimicrobial stewardship
  - Resuscitation/DNR
  - Insulin prescribing
  - VTE/Anticoagulation
  - Managing patient interface with other systems ICU/radiology/Endoscopy
  - Pain /PCAs/Syringe drivers
  - Discharge process







## Paper Based Medication Process Issues

Single Access Only to the Medication Prescription (Drug Kardex)

Missing Prescriptions From Bedside

Illegibility

**Prescribing Errors** 

Multiple Interruptions

Problems identified led to more contact with teams to clarify, re-chart, correct or rewrite prescriptions

Time Consuming





## **Training**









## Communications

 Hospital Communications Manager & Project Oak Communications Lead



### Electronic Patient Record (EPR) to 'Go-Live' on 13<sup>th</sup> & 14<sup>th</sup> October



· Nursing admission assessment

Improved Clinical Records Clinical staff will have more complete patient information to enable well-informed care decisions helping to improve care and reduce safety risks.



- The EPR will have all patient information and medical records in computerised format instead of on paper.
- This will include Nurses' and Doctors' Records as well as Medication Prescriptions (E-Prescribing).



Project Oak EPR is now live on this ward

EPR Project Oak Team





### **Devices**

- Each ward has the following additional devices:
  - 6-7 Workstations On Wheels depending on acuity and numbers of visiting teams (3 wards will have 8 WOWs in total)
  - At least 4 additional PCs on corridor/MDT room/duty base (total PCs now 6-8 per ward)
  - 1 PC in clinic room
  - 2 laptops on drug trolleys





## Devices











## Today













### Benefits

Development of an Electronic <u>Patient</u> Record – not information held in separate places by all disciplines

Obtaining rich data to inform service delivery and improvements to patient care

Improved patient safety through the use of Clinical Decision Support – alerts, rules, allergy checking, interaction checking, reference text etc

Multiple & Remote user access to record

Ability to standardise safe care for Falls Prevention and Management, Nutrition, Infection Prevention & Control (incl. invasive devices)

Enter information once and share multiple times

Releasing Time to care

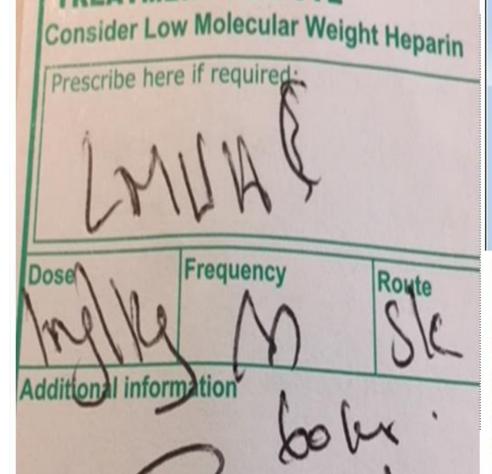




## Prescription Legibility

TREATMENT FOR VTE

**Before** 







### After

#### P Order Sentences

Order Sentences for: Enoxaparin

#### (None)

DOSE: 20 mg - ROUTE: subCUTANEOUS - ONCE a day

#### DOSE: 40 mg - ROUTE: subCUTANEOUS - ONCE a day

DOSE: 60 mg - ROUTE: subCUTANEOUS - ONCE a day

DOSE: 80 mg - ROUTE: subCUTANEOUS - ONCE a day

DOSE: 1 mg/kg - ROUTE: subCUTANEOUS - TWICE a day

DOSE: 1.5 mg/kg - ROUTE: subCUTANEOUS - ONCE a day

DOSE: 1 mg/kg - ROUTE: subCUTANEOUS - ONCE a day

DOSE: 0.6 mg/kg - ROUTE: subCUTANEOUS - ONCE a day

mg - ROUTE: subCUTANEOUS - ONCE a day

mg - ROUTE: subCUTANEOUS - TWICE a day

### 32

### Enoxaparin

DOSE: 80 mg - ROUTE: subCUTANEOUS - TWICE a day - START: 16/01/2019

18:00:00

Target Dose: Enoxaparin 1 mg/kg 16/01/2019 11:38:28

### Enoxaparin

Preparation check by (name and PIN/MCRN)

Administration type

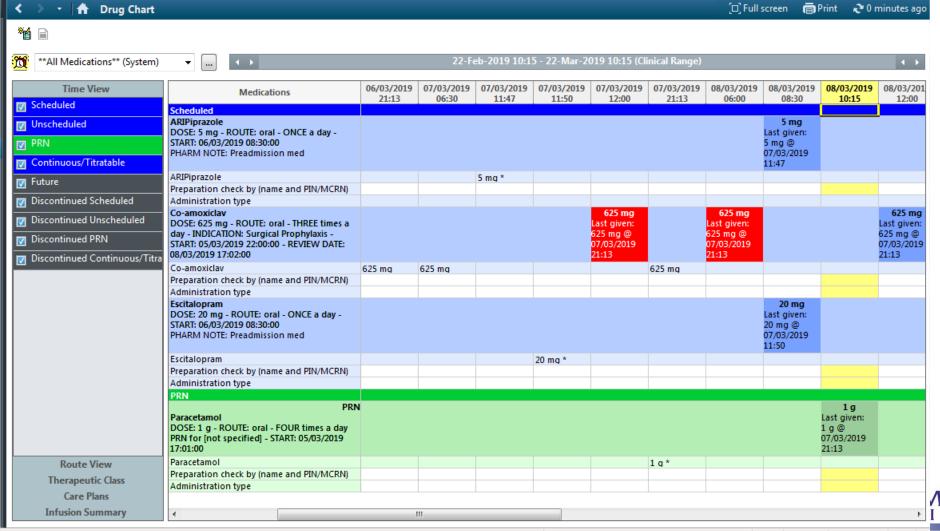




## The Electronic Drug Chart













# Medication Administration Statistics:

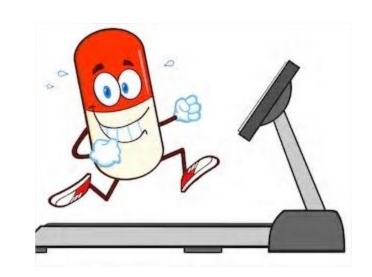
- Approx. 13,500 medication administered electronically per day
- Approx. **94,500** medications are administered per week
- Since go-live we have administered **1,734,460** (5months) medications electronically







- Acute Medical Medication Round(AMAU)
  - Median time taken to complete administration of oral medications to 15 patients was 94.5 minutes
  - Median number of interruptions was 16.5 per round
- Demonstrates time consuming activity with negative impacts for patients and staff









### Patients

Timely, safer administration of medications

### Nurses

- Increased time to care as median medication round now takes 60 minutes (per team).
- Saving of 34.5 minutes per team which is 69 minutes per shift
- Interruptions reduced to 9 per round (from 16.5).

### Prescribers

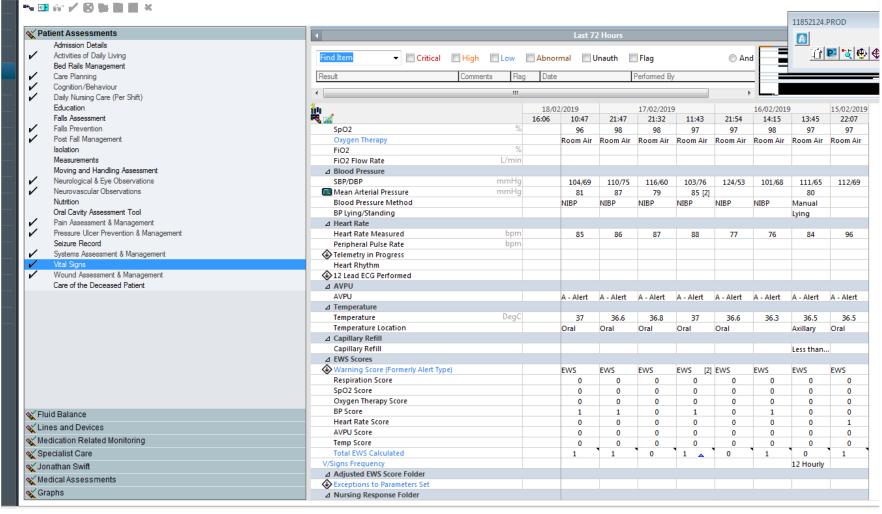
- Aware of administration times throughout the hospital
- Reduction in medication errors due to illegibility, incorrect prescribing
- Time saving no Kardex Rewrites
- Multiple user access to the prescription







## iView Nursing assessments x 72 hours incl EWS







## Critical Success Factors







Patient Focused Project

- 2
- Governance –Executive Support, Clinically Led
- 3

Joint funding from HSE and SJH



EHR infrastructure embedded in SJH



Protected time for Health Informatics Clinicians



Mandatory Training







- Workflow Optimisation
- Outpatient Implementation
- Biomedical Device Integration
- ED & Theatre



